

## Wisconsin Forest Landowner Grant Program (WFLGP) Application

Form 2400-126 (R 8/99)

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**Notice:** Persons applying for Private Forest Landowner Grant funds, as provided in ss. 26.38, Wis. Stats., must provide complete information requested on this application. Personally identifiable information collected may be used for purposes other than that for which it was originally collected. Under Wisconsin's open records laws, DNR is required to provide all non-confidential information to any person who requests it. Such information may be provided to the public in written or electronic form.

### Instructions:

**Page 1:** To be completed and signed by Landowner Applicant.

**Page 2:** To be completed by the DNR Forester assigned to the county where the property is located.

**The Bureau of Forestry will not accept this application unless pages 1 and 2 are completed.**

### Landowner Applicant

Applicant Name - Last	First	Middle Initial	Telephone Number
Address			Fax Number
City	State	Zip Code	

### Property Information - Location where practice(s) will be completed.

County	Township Name	Total Plan Acreage
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### Forest Stewardship Plan (an MFL Plan or other DNR approved Forest Stewardship Plan)

- ☐ I have an existing plan.
- ☐ I am applying for Forest Stewardship Plan Development. (You cannot apply for other management practices until you have a Forest Stewardship Plan in place for your property.)
- I want \_\_\_\_\_ acres of my property included in a Forest Management Plan.

### Eligible Private Forest Practice - Available only to applicants with a Forest Stewardship Plan already in place.

The following Management Practices are eligible for a WFLGP Grant:

- Reforestation and afforestation
- Forest improvement
- Soil and water protection and improvement
- Wetland and riparian protection, restoration and creation
- Fish and wildlife habitat enhancement
- Recreational, historic and aesthetic forest enhancement
- Endangered or threatened resources protection

Please consult the DNR forester assigned to the county where your property is located and discuss which practice(s) would benefit your property. The practice(s) must be completed within 12 months of the date DNR Bureau of Forestry approves your application. The practice(s) must be maintained for a minimum of 10 years from the date of DNR Bureau of Forestry approval.

### Applicant Certification

I certify that I own 10 acres of contiguous forest and not more than 500 acres of forest land within the State of Wisconsin. As a condition of and prior to my receiving any payment from the Department, I also agree to complete and submit a Substitute Form W9, including provision of my Taxpayer Identification Number (SSN # if an individual), to be used for tax purposes.

Signature	Date
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**Important:** DNR Bureau of Forestry **will not** accept your application unless page 2 is completed and signed by the approving DNR Forester.

### For DNR Central Office Use

Date Application Received

**Instructions:** Page 2 to be completed by the approving DNR Forester.

<b>Landowner Applicant</b>	<b>For DNR Central Office Use Only</b>
Property Name	Application No.

**Property Information - Location where practice(s) will be completed.**

Legal Description from Management Plan (additional space provided on Page 3)

County	Township	Range	<input type="checkbox"/> E	Section	Quarter-Quarter	Quarter	or	Lot
		N	<input type="checkbox"/> W					

**Private Forest Practices Review and Approval**

Needs Determination (attach additional sheets if necessary)

To be Filled in When DNR Forester is Approving Practice(s)					To be Filled in by DNR Forester After Practice is Completed			
Practice Number	Component Code	Acres Approved	Units Approved	Estimated Payment 65% of Total	Acreage Completed	Units Completed	Actual Cost	Payment Requested
An approval amount must be filled in before submitting application to DNR Bureau of Forestry				TOTAL	TOTAL			

<b>Approval of Request</b>	<b>For DNR Central Office Use Only</b>
DNR Forester	Date
	Cost Sharing Expiration Date (12 months from approval)

<b>Certification of Completion</b>
DNR Forester
<input type="checkbox"/> Partial Payment <input type="checkbox"/> Final Payment
Date